

LEAD EVALUATORS ACKNOWLEDGEMENT

Student's Name: _____

Course Number: _____

Course Name: _____

All practical skill books shall be kept on file at the student's Fire Department.

By my signature (Lead Evaluator) below, I attest that all practical skills, for the above named Course, were completed as prescribed by the rules of the Indiana Board of Firefighting Personnel Standards and Education.

Lead Evaluator Signature: _____

Print Name: _____ **Date:** _____

MANDATORY TRAINING INSTRUCTOR SIGNATURE

The instructor's signature below verifies that the individual (listed above) has completed Sudden Infant Death Syndrome (SIDS) training as prescribed by the Indiana Emergency Medical Services Commission and emergency vehicle safety driving as prescribed by the Indiana Board of Firefighting Personnel Standards and Education.

Instructor Signature: _____

Print Name: _____ **Date:** _____

Comments: _____
